

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 24 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000018277

1. Corporation Name

PAN-EXPRESS, INC.

Principal Place of Business

7521 SW 116TH STREET
MIAMI FL 33156

Mailing Address

7521 SW 116TH STREET
MIAMI FL 33156

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8693 NW 70 Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

8693 NW 70 ST.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/1999

5. FEI Number

65-1026538

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	Pres. ALARCON, FERNANDO	8540 NW 193 LANE	Miami, FL 33015
D	DE LARA, HUMBERTO	7521 SW 116TH STREET	MIAMI FL 33156

05/31/00 90012 009 \$150.00

300004324083--4
-05/25/01--01097--004
****758.75 ****758.75

8. Name and Address of Current Registered Agent

DE LARA, HUMBERTO
7521 SW 116TH STREET
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name FERNANDO ALARCON
Street Address (P.O. Box Number is Not Acceptable)
8540 NW 193 LANE
Suite, Apt. #, Etc.
City Miami State FL Zip Code 33015

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 4-20-01

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 (305) 911-7321
Date Daytime Phone #

CR2040 (8/00)